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Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory	:ALASKA
Citation	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
42 CFR 430.10	
	Department of Health and Social Services (Single State Agency)
	submits the following State plan for the medical

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN No. 9/-13
Supersedes Approval Date 4/10/93 Effective Date 10/1/91
TN No. 77,-31
HCFA ID: 7982E

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